

SOUTH AFRICAN HUMAN RIGHTS COMMISSION**HEAD OFFICE**

33 Hoofd Street
 Braampark Forum 3
 Braamfontein
 2198

Private Bag X 2700
 Houghton
 2041

Telephone number
 011 877-3600
 Fax numbers: 011 403-0668.

**COMPLAINT FORM**

For office use only

Province:		City/Town :		Reference No	
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- Please write clearly and use CAPITAL LETTERS. If there is not enough space on this form for your answer, please use a separate page and send it to us together with this form.
- If there is more than one person who would like to send a complaint to us, each person must complete a separate form

PART A: YOUR DETAILS**1. Name and surname**

Your full name(s) and surname: _____

Your nickname(s), if any _____

2. ID number

Your ID number _____

If you do not have an ID number, your date of birth _____

If you do not know your date of birth, your age _____

3. Race (information required for statistical purposes only)

Please state your race _____

4. Gender (information required for statistical purposes only)

Please state whether you are male or female _____

5. Address and contact numbers

The address where you live _____

Postal Code _____

The address where we can send letters to _____

Postal Code _____

Telephone number at work _____

Telephone number at home _____

Cell phone number _____
 Any other telephone number where we can contact you _____
 Whose telephone number is it _____
 Fax number _____
 E-mail address _____

Important:

Part B must only be filled in if you are writing on behalf of somebody else, for an association or organisation – do not fill this in if your own rights have been violated.

PART B: DETAILS OF PERSON ON WHOSE BEHALF YOU COMPLETE FORM (PERSON OR ORGANISATION)**6. Name and surname of person on whose behalf you are completing this form**

His or her full name(s) and surname: _____
 His/her nickname(s), if any _____

7. ID number

His or her ID number _____
 If he or she does not have an ID number, his or her date of birth _____
 If he or she does not know his or her date of birth, his or her age _____

8. Race (information required for statistical purposes only)

Please state his or her race _____

9. Gender (information required for statistical purposes only)

Please state whether he or she is male or female _____

10. Address and contact numbers

The address where he or she lives _____
 Postal Code _____
 The address where we can send letters to _____
 Postal Code _____
 Telephone number at work _____
 Telephone number at home _____
 Cell phone number _____
 Any other telephone number where we can contact him or her _____
 Whose telephone number is it _____
 Fax number _____
 E-mail address _____

11. Details of association, organisation or organ of state on whose behalf you are completing this form

Full name of the association, organisation or organ of state

Registration number _____
 What does it do (e g civil, business, retailer, factory, NGO, etc) _____
 Who should we talk to there _____
 What is contact person's position (e g colleague, chairperson, director, secretary)

The address where we can send letters to _____

Postal Code _____

Telephone number _____

Cell phone number _____

Any other telephone number where we can contact him or her _____

Whose telephone number is it _____

Fax number _____

E-mail address _____

PART C: THE COMPLAINT

12. Date
On what date did it happen _____

13. Is it still happening
Yes _____ No _____

14. Where did it happen
Place _____ Town _____ Province _____

15. If you know, which right(s) in the Bill of Rights was/ were violated or is/are being violated

16. If you know, the full name(s) and surname(s) of person(s), association, organisation or organ of state who violated these rights, please tell us

17. Where can we contact them

18. If you do not know his/her/its/their names, please tell us anything you do know about him/her/it/them

19. Did anybody see or hear what happened (only people who actually saw or heard what happened, not people who heard about it from someone else)
Full name(s) and surname(s) _____

How and where can we get in touch with them _____

20. In your own words, tell us exactly what happened (include all information but be as brief as possible)

21. Have you reported the matter to anyone else

Yes _____ No _____

If yes, who (e.g. Police, lawyer, Public Protector) _____

22. Were any steps taken by the person/association/organisation/organ of state to resolve the matter

Yes _____ No _____

If yes, please tell us what _____

23. What outcome do you propose or expect from this complaint (tell us what you would like to achieve with this complaint and the relief sought)

24. Do you need an interpreter when attending any proceedings, investigations or hearing at our offices

Yes _____ No _____

If yes, the language you speak _____

NOTE: Article 40 of the Human Rights Commission Complaints Handling Procedures provides that all proceedings, investigations and hearings will be conducted in English, unless you request that the proceedings be conducted in another official language.

25. Can we use your name in news reports or letters we write regarding this matter/complaint

Yes _____ No _____

NOTE: Article 8 of the Human Rights Commission Complaints Handling Procedures provides that you may request that your personal particulars be kept confidential and not be disclosed to any person outside the South African Human Rights Commission's office in order to protect

your identity.

26. Please tell us how you heard about the South African Human Rights Commission (e.g. radio advert, newspaper, poster, from a friend, etc)

Signature/mark of complainant

Date

(on behalf of yourself, another person,
association, organisation or organ of state)

If on behalf of another person (including a child or a person with a mental disability),
association, organisation or organ of state:

Signature of representative, parent,
appropriate adult or guardian

Remember:

- To attach a copy of your ID, birth certificate, passport or proof of the registration number of an association, organisation or organ of state, if available.
- To attach any copies of documents which can assist in this matter?

What to do once you have filled in the form. Once you have filled in this form, please post or fax it to us at:

Johannesburg/Gauteng Province-Private Bag X 2700, Houghton 2041

Tel No: 011 877-3600/3751 Fax: 011 403 0668

Free State-P O Box 4245, Bloemfontein 9300

Tel No: 051 447 1130 Fax 051 447-1128

Eastern Cape-P O Box 972, East London 5200

Tel No: 043 722-7821/25/28 Fax 043 722 7830

KwaZulu Natal-P O Box 1456, Durban 4001

Tel/Fax 031 304 7323

Northern Cape-P O Box 1816 Upington 8800

Tel No 054 332-3993/4 Fax 054 332-7750

Northern Province-P O Box 4431, Polokwane 0700

Tel No 015 291 3500 Fax 015 291 3505

Western Cape-P O Box 3563, Cape Town 8001

Tel No 021 426 -2277 Fax 021 426 2875

North West- P O Box 9586, Rusternburg 0300

Tel No 014 592 0694 Fax 014 594 1089

Mpumalanga-P O Box 6574, Nelspruit 1200

Tel No 013 752-8292 Fax 013 752 6890